

# Renter

## 2007 Assistance Claim (for income received in 2006) 9000R

**STEP 1****Name and address**

Place label here, type, or print

Your first name		Initial	Last name	
Spouse's first name		Initial	Last name	
Present home address — number and street, PO Box, PMB, or rural route no.				Apt no.
City, town, or post office			State	ZIP Code

**STEP 2****Social security number (SSN)**

Your SSN

Your Spouse's SSN

**IMPORTANT:**

Your SSN is required.

**STEP 3****Filing status**

**1. Are you a United States citizen? Check "Yes" or "No" . . .** • **1.** ☐ YES ☐ NO  
 If you checked "Yes," skip line 2 and go to line 3.  
 If you checked "No," go to line 2.

**2. Benefit Eligibility for Noncitizens . . . . .** • **2a.** Alien Status Code  
 If you are not a citizen of the United States, go to page 10. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 10 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c. (MM/DD/YYYY)

• **2b.** Alien Registration Number  
 • **2c.** Date of Entry

**3. Check the appropriate box if you were one of the following on December 31, 2006:**

☐ A. 62 years or older (See page 5, line 3A) . . . . . • A ☐  
☐ B. Under 62 and blind . . . . . • B ☐  
☐ C. Under 62 and disabled (not blind) . . . . . • C ☐

*If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.*

**4. Enter your date of birth** (example: 0 5 / 2 1 / 1 9 4 4) . . . . . • **4.** Date of Birth  
 You must enter your date of birth MM DD Y Y Y Y

*See instructions on page 5 to see if you must attach a proof document to your claim.*

**STEP 4****Rental information**

**5. Enter the total number of months during 2006 that you lived in one or more qualified rented residence(s) in California. See instructions . . . . .** • **5.** \_\_\_\_\_ months

**6. If the address where you lived during 2006 is different than the address you entered in Step 1, or if the address in Step 1 is a post office box, enter your 2006 residence address. (If more than one rented residence attach a list.)**

Street Address \_\_\_\_\_ City \_\_\_\_\_

• \_\_\_\_\_

State and ZIP Code \_\_\_\_\_

• \_\_\_\_\_ RENTED FROM \_\_\_\_\_ TO \_\_\_\_\_

**7. Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 2006. (If more than one landlord attach a list.)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT. or UNIT NO. \_\_\_\_\_

CITY \_\_\_\_\_ STATE and ZIP CODE \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_

**STEP 5**  
Yearly  
income of  
household  
members

On line 8 through line 13 below, enter your household income for the 2006 calendar year.  
Include the income of your spouse and certain other household members. See instructions for  
other household members on page 7 and page 8.

(Dollars) (Cents)

8. Social Security and/or Railroad Retirement .....	8.		
9. Interest, Dividends, and/or Gain (or Loss) .....	9.		
10. Pensions, Annuities, and IRA distributions .....	10.		
11. SSI/SSP, (Gold Check). See page 7 .....	11.		
(full-year total)			
12. Rental and Business Income (or Loss) .....	12.		
See page 7. Do not enter your monthly rent payments.			
13. Other Income (including wages, spouses income). See page 7.	13.		
14. Subtotal. Add line 8 through line 13. (This is your	14.		
total yearly income before adjustments.) .....			
15. Adjustments to Yearly Income. See page 8 .....	15.		
(If you do not have any adjustments to income, enter zero and go			
to line 16.)			
16. TOTAL YEARLY HOUSEHOLD INCOME IN 2006.			
Subtract line 15 from line 14. ....	16.		
If line 16 is more than \$42,770, STOP. You do not qualify.			
Do you receive Temporary Assistance for Needy Families, formerly Aid			
to Families with Dependent Children (AFDC)? .....		<input type="checkbox"/> YES	<input type="checkbox"/> NO

**STEP 6**  
Renter  
assistance  
claimed

You do not have to complete line 17. If you stop here, we will figure the amount of  
assistance for you.

17. Renter assistance claimed. (Optional)  
(Cannot exceed \$347.50) See page 13 ..... ■ 17. \_\_\_\_\_

**Reminder**

If this is your first year filing a Renter Assistance claim and you did not receive SSI, provide proof of  
your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof of your temporary  
disability if you did not receive SSI. (This is an annual requirement.)

**STEP 7**  
Signature,  
date, and  
telephone  
number

**Caution:** To avoid delay of your check, be sure to provide all required information, sign below, and mail to:  
**FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I **authorize** the Franchise Tax Board to match my name and the information provided herein, as well as information necessary to  
process my claim, against information gathered from public records, the files of the Department of Health Services, and other state or  
federal agencies to confirm my eligibility for the Renter Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status, including  
accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of my knowledge,  
true, correct, and complete. By signing this claim, I authorize the Franchise Tax Board to mail any assistance to which I am entitled,  
pursuant to this claim, to the address listed in step one.

Print Name \_\_\_\_\_

**Sign Here** ➔

X \_\_\_\_\_ Date \_\_\_\_\_

Claimant's signature

Claimant's Daytime Telephone Number • ( ) \_\_\_\_\_

**Paid  
Preparer's  
Use Only**

PREPARER'S SIGNATURE ➔	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
			FEIN
FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ➔			TELEPHONE ( )

Do not write in this space

Do not write in this space

L	D	I	A	R	RES

# Worksheet to Figure the Amount of Renter Assistance, Form FTB 9000R

If you want, we will figure the amount of renter assistance for you. You may, however, figure this amount as follows:

If you were a qualified renter for **all of 2006**, your allowable assistance will be based on the total household income (form FTB 9000R, line 16) as shown in the Renter Assistance Schedule below.

If you were a qualified renter for **less than 12 months** during 2006 complete line 1 through line 4 to figure your assistance.

1. Enter the amount of assistance from the Renter Assistance Schedule below for your total household income shown on form FTB 9000R, line 16 . . . . . 1. \$ \_\_\_\_\_
2. Enter the total number of months during 2006 that you lived in a qualified rented residence in California shown on form FTB 9000R, line 5 . . . . . 2. x \_\_\_\_\_
3. Multiply the amount on line 1 by the number on line 2. . . . . 3. \$ \_\_\_\_\_
4. Divide the answer on line 3 by 12 (months). This is your allowable assistance. Enter this amount on form FTB 9000R, line 17. . . . . 4. \$ \_\_\_\_\_

**Example for renter less than one year:** Total household income is \$13,615 and the residence was rented for 9 months.

1. Amount of assistance from the Renter Assistance Schedule below . . . . . 1. \$ 312.50
2. Number of months shown on form FTB 9000R, line 5. . . . . 2. x 9
3. Multiply line 1 by line 2 . . . . . 3. \$2,812.50
4. Divide line 3 by 12 (months). This is your allowable assistance. . . . . 4. \$ 234.38

## Renter Assistance Schedule

If your total household income is		Your renter assistance is	If your total household income is		Your renter assistance is
From	To		From	To	
\$0	\$10,691	\$347.50	23,525	24,237	147.50
10,692	11,403	340.00	24,238	24,950	135.00
11,404	12,117	332.50	24,951	25,661	122.50
12,118	12,830	327.50	25,662	26,373	112.50
12,831	13,543	320.00	26,374	27,089	102.50
13,544	14,257	312.50	27,090	27,801	90.00
14,258	14,969	305.00	27,802	28,513	80.00
14,970	15,682	297.50	28,514	29,226	72.50
15,683	16,395	290.00	29,227	29,938	65.00
16,396	17,109	282.50	29,939	30,651	57.50
17,110	17,819	275.00	30,652	31,363	50.00
17,820	18,533	265.00	31,364	32,077	42.50
18,534	19,247	250.00	32,078	33,860	37.50
19,248	19,960	235.00	33,861	35,641	30.00
19,961	20,672	220.00	35,642	37,424	25.00
20,673	21,384	207.50	37,425	39,206	22.50
21,385	22,097	192.50	39,207	40,987	17.50
22,098	22,810	177.50	40,988	42,770	15.00
22,811	23,524	162.50	\$42,771	And Over	0.00